

OFFICIAL FILE

ILLINOIS COMMERCE COMMISSION

Docket No.

ICC Office Use Only

ORIGINAL

CAT Communications International, Inc

Application For A Certificate Of Local Authority
To Operate As A Facilities Based Carrier
Of Telecommunications Services
Throughout The State Of Illinois.

02-0573

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ILLINOIS
COMMERCE COMMISSION

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 54-1869935

CAT Communications International, Inc. d/b/a CCI

Address: Street 4142 Melrose Ave NW

City Roanoke

State/Zip VA 24017

2. Authority Requested: (Mark all that apply)

☒ 13-403 Facilities Based Interexchange

13-404 Resale of Local and/or Interexchange

☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

Applicant will maintain its records according to generally accepted accounting principals and will maintain those records in the state of Virginia.

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

☒ Section 735.180 Directories

applicant will provide information to include its customers in the local directory but will not publish a directory.

Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

(a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document

- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

The entire state of Illinois

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

Individual ☒ Corporation
Partnership ☐ Date corporation was formed November 1997
In what state? Virginia
Other (Specify) ☐

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

9. List jurisdictions in which Applicant is offering service(s).

Illinois (as a reseller); New York; Pennsylvania; New Jersey; Delaware; Maryland; Washington DC; Virginia; North Carolina; South Carolina; Georgia; Florida; Alabama; Mississippi; Louisiana; Arkansas; Tennessee; Kentucky; Ohio; Indiana; Michigan; Missouri; Kansas; California

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

YES (Please provide details) ☐ NO ☒

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☒ YES ☐ NO

If YES, describe fully. Applicant provides service in 24 states. It receives complaints of the usual nature for a provider of telephone service.

12. Has Applicant provided service under any other name?

☒ YES ☐ NO

If YES, please list. CCI

13. Will the Applicant keep its books and records in Illinois? YES ☒ NO
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

Norman Mason

Barbara Mason

Patricia Sheets

16. Does any officer of Applicant have an ownership or other interest in any other entity that has provided or is currently providing telecommunications services? YES ☒ NO

If YES, list entity.

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill monthly. The billing statement will provide a breakdown of all charges; include a billing date; a date at which payment is considered late; a telephone number to contact regarding service or billing questions; and an address to which customer may mail payment.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

We have a department that receives call regarding billing complaints/questions and another department for service complaints. The csr's in these departments handle all initial complaints. Escalated complaints would go to the regulatory assistant for formal reply. If the customer is still not satisfied then they can file a written complaint with the general manager.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES NO

20. What telephone number(s) would a customer use to contact your company?

1-888-477-1224; 1-888-920-0400

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant requires payment of the first month's service in advance to assure that the customer indeed wants applicant's service. Applicant details charges to the customer at the time service is ordered and all bills contain an itemized list of charges.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Ameritech(Illinois Bell)

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

UNE-P local exchange service and features, call waiting, caller ID, three-way, call forwarding.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

YES NO


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Virginia)
)ss
City of Roanoke)

Debra A. Waller makes oath and says that she is the Regulatory Assistant of CAT Communications International, Inc. that she has examined the foregoing application and that to the best of her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Debra Waller

Debra A. Waller

Subscribed and sworn to before me, a Notary Public/ Priscia M. Tate

in the State and County above named, this 6th day of September, 2002

My Commission Expires: 7-31-2003